



isinglepayer.org

Register as a Supporter of Single Payer (Improved Medicare for All)

You will receive occasional emails (a few times per year) on ISPC activities.

Name _____

Email _____

Street address _____

City _____ zip + 4 _____

Phone _____ Check if you would like to be: A member _____ More active _____

Name _____

Email _____

Street address _____

City _____ zip + 4 _____

Phone _____ Check if you would like to be: A member _____ More active _____

Name _____

Email _____

Street address _____

City _____ zip + 4 _____

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City _____ zip + 4 _____

Phone _____ Check if you would like to be: A member _____ More active _____